

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2009 JAN 20 AM 11:23

COMMITTEE NAME (Must be same as on Statement of Organization)

Ballard for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Matt Ballard

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (if Senate or House)

42

FORM  
**DR-2**  
(Rev. 07/20/97)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

1759

Logged in

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Susan Ballard  
SIGNATURE OF PERSON FILING REPORT

515-967-5910  
TELEPHONE

January 19, 2009  
DATE SIGNED

I AM FILING A January 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election

County & Local Committee, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 6,672.56

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

1.66

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 6,674.22

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

0  
250.80

Schedule F: Loan Repayments total (Attach Schedule F)

6,424.22

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

0

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

0

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS — MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 01/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Ballard for State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 88B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/31/08	ID# CK#	interest earned on committee account		\$ .87	<input type="checkbox"/>
11/28/08	ID# CK#	interest earned on committee account		.79	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (If last page of this schedule)

\$ 1.66  
\$ 1.66

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ballard for State Representative

SCHEDULE

F

(Rev 02/08)

LOANS  
RECEIVED  
& REPAY☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 250.00

## PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$

## PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
10/20/08	Matt Ballard 613 18th CT. S.W. ATLANTA, GA 50009	self	\$ 250.00

TOTAL CASH REPAYMENTS (PART II)

\$ 250.00

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0

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Page 1 of 1  
(for Schedule F)